

THIS DATE

1(b) (3)

8 SEP 1958

PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENTReturn to  
~~INSTRUCTIONS~~

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

QAB

<b>SECTION I</b>			
1. FULL NAME (Last-First-Middle)			
COLLINS, Charles P.			
2. CURRENT ADDRESS (No., Street, City, Zone, State)		3. PERMANENT ADDRESS (No., Street, City, Zone, State)	
416 Linden Lane Falls Church, Virginia		416 Linden Lane Falls Church, Virginia	
4. HOME TELEPHONE NUMBER		5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE	
JE 4-0387		US	
<b>SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>			
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.		2. RELATIONSHIP	
Collins, Mrs. Charles P.		Wife	
3. HOME ADDRESS (No., Street, City, Zone, State, Country).			
416 Linden Lane, Falls Church, Virginia			
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE			
N.A.			
5. HOME TELEPHONE NUMBER		6. BUSINESS TELEPHONE NUMBER	
JE 4-0387		N.A.	
7. BUSINESS TELEPHONE EXTENSION		N.A.	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.			
<b>SECTION III MARITAL STATUS</b>			
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED			
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS		APPROVED FOR RELEASE DATE: DEC 2007	
N.A.			
SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.			
3. NAME (First) (Middle) (Maiden) (Last) Anne Elizabeth Vogel Collins			
4. DATE OF MARRIAGE 4 July 1942		5. PLACE OF MARRIAGE (City, State, Country) Pt. Monmouth, New Jersey	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) 3 Charlotte Avenue, Bradford, Pennsylvania			
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. DATE OF DEATH N.A.	
9. CAUSE OF DEATH N.A.		FOR	
10. CURRENT ADDRESS (Give last address, if deceased) 416 Linden Lane, Falls Church, Virginia			
11. DATE OF BIRTH 21 Sept 1918		12. PLACE OF BIRTH (City, State, Country) Bradford, Pennsylvania	
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY N.I.		14. PLACE OF ENTRY N.A.	
15. CITIZENSHIP (Country) U.S.		16. DATE ACQUIRED Birth	
17. WHERE ACQUIRED (City, State, Country)			
18. OCCUPATION Housewife		19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers)	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) N.A.			

SECTION III CONTINUED TO PAGE 2

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(When filled in)

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From - and To - ) BY MONTH AND YEAR.

N.A.

22. BRANCH OF SERVICE  
N.A. 23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

N.A.

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle) N.A.	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES		

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?  YES  NO
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

Stocks, Bonds, Real Estate

SECTION V CONTINUED TO PAGE 3

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(When Filled In)

## SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?  YES  NO
5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)
6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?  YES  NO
7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS
8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?  YES  NO IF YOU HAVE ANSWERED "YES". GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

● SECTION VI		CITIZENSHIP	
1. PRESENT CITIZENSHIP (Country) U.S.	2. CITIZENSHIP ACQUIRED BY • CHECK (X) ONE: <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):		
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS		
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)			

● SECTION VII		EDUCATION							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED									
LESS THAN HIGH SCHOOL GRADUATE	OVER TWO YEARS OF COLLEGE - NO DEGREE								
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE								
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO HIGHER DEGREE								
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE	DOCTOR'S DEGREE							
2. COLLEGE OR UNIVERSITY STUDY									
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT	DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR. HOURS SPECIFY			
	MAJOR	MINOR	FROM				TO		
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS									
NAME OF SCHOOL	STUDY OR SPECIALIZATION		DATES ATTENDED		TOTAL MONTHS				
			FROM	TO					

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)					
NAME OF SCHOOL	STUDY OR SPECIALIZATION		DATES ATTENDED		TOTAL MONTHS
			FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

~~SECRET~~

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(When filled in)

SECTION VIII

FOREIGN LANGUAGE ABILITIES

LANGUAGE  (List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes)	COMPETENCE - IN ORDER LISTED										HOW ACQUIRED				
	EQUIVALENT TO NATIVE FLUENCY	FLUENT BUT OBVIOUSLY FOREIGN	ADEQUATE FOR RESEARCH	ADEQUATE FOR TRAVEL	LIMITED KNOWLEDGE	NATIVE TO COUNTRY	PROLONGED RESIDENCE	CONTACT (WITH PARENTS ETC.)	ACADEMIC STUDY (ALL LEVELS)						
	R	W	S	R	W					S	R	W	S	R	W

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED". INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD

SECTION IX

GEOGRAPHIC AREA KNOWLEDGE

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			RESI- DENCE	TRAVEL	WORK ASSIGN- MENT

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

SECTION X

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.)	2. SHORTHAND (W.P.M.)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)

SECTION XI

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

5. FIRST LICENSE OR CERTIFICATE (Year of issue)

6. LATEST LICENSE OR CERTIFICATE (Year of issue)

~~SECRET~~

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(When Filled In)

SECTION XI CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

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(When Filled In)

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

OFFICE OF PERSONNEL

1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (parents, spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

JAN 9 9 26 AM '58

ADDRESS

NAME

RELATIONSHIP

YEAR OF BIRTH

SEX

M

F

CITIZENSHIP

MAIL ROOM

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

1944 - 1952	118 N. Greenway Blvd.	Falls Church, Virginia
1952 - 1954	416 Linden Lane	Falls Church, Virginia
1954 - 1956	Frankfurt, Germany	
1956 - Present	416 Linden Lane	Falls Church, Virginia

DATE COMPLETED

SIGNATURE OF EMPLOYEE

**SECRET**